

You now see that he can lift his legs and kick them freely about, and when I touch the ligamentum patellæ there is no response, and pushing the foot up firmly by the ball of the great toe does not produce any shaking of the foot or ankle.

The man was perfectly well two years ago, was completely paraplegic six months ago, and now you see him restored to a fairly healthy condition.

The pathology of this case is rather obscure. I believe it is an example of rapidly-occurring rarefying osteitis or dry caries of the bodies of the three upper dorsal vertebræ. There is no evidence of tuberculosis and no signs or symptoms of any abscess. I think it unlikely that the nerve symptoms arose from osseous pressure on the cord; I think it more likely that the subacute inflammatory condition which resulted in such softening of the vertebral bodies as allowed of their being crushed together extended to the membranes of the cord; that these became thickened and pressed on the cord as long as he was allowed to move himself; and then the perfect rest of the spine and some extension, with subsequently the plaster jacket, secured the subsidence of the inflammatory action and allowed of the absorption of the effused products which were pressing on or constricting the cord.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

LARGE FIBRO-LIPOMA.

THE accompanying photograph represents a case I operated on successfully about a month ago. The patient was a young



man, aged 26, and the tumour—which weighed when cut off slightly over 50 English pounds—had been growing for eleven years. The weight of the tumour was so great that

he, when walking, had to bend forward in order to support it hanging over his left hip. The neck of the tumour was about 17 inches in circumference, and it hung from underneath the left scapula. The tumour was composed of fatty tissue with bands of fibrous connective tissue running through it. On the skin covering the tumour were a great number of papillomatous growths, and on one or two places were patches of eczema due to the friction of the clothes. He was rather emaciated, as the photograph shows, but took his food well and was otherwise healthy. In operating the tumour had to be slung up to a beam in the roof as it was so unwieldy. The hæmorrhage during the operation was not very great, and the patient was able to be out in the street four or five days afterwards.

T. L. BRANDER, M.B., C.M. Edin.

Jinjaw, Manchuria, N. China.

ACUTE INFLAMMATION OF ANTRUM IN INFLUENZA.

CASES of acute inflammation of the antrum of Highmore being exceedingly rare, the following close parallel to Dr. Semon's own case¹ may be of interest:

Mrs. T. was seized with influenza on February 10th. Early on February 12th she complained of great pain in the left side of the face, attended with swelling, tenderness of the skin over the cheek bone, and abundant lachrymation from the left eye.

Excruciating pain continued without intermission till February 15th, when, during the act of drinking, a sudden rush of yellowish-green fluid from the left nostril was followed by immediate relief. Pain returned as before, and was again very severe till recurrence of discharge again gave relief. This happened three or four times in the course of the next four days, with gradual subsidence of symptoms.

In addition to the early stage of the influenza, at which the antrum became affected, the following points were noteworthy. The discharge of fluid on each occasion occurred, or was favoured by, the upright position. Lowering the head greatly increased the pain, and gave no vent to the discharge.

The pupils showed no abnormality at first, but after two days the left pupil was found to be decidedly smaller than the right, and to react slowly to light. This condition persisted for two or three days. There was no opportunity for transillumination.

Hadley, Barnet.

R. J. RYLE, M.B. Oxon.

PUERPERAL ERYTHEMA SIMULATING SCARLET FEVER.

ON July 18th 1893, I delivered Mrs. C. of her second child, a son; she did well; on the fourth morning they sent for me hurriedly, the temperature had gone up to 100° and a red rash had appeared on the thighs and lower portion of abdomen. This at first sight seemed like the true scarlet fever rash; there was, however, no sore throat and the discharges were perfectly normal; the rash spread rapidly, the patient the next day being covered from head to foot—a brilliant red—but the temperature had come down to normal; after this the rash rapidly faded, the patient recovering without a bad symptom and getting up on the tenth day; there was no peeling. On inquiry I found that when a girl she had suffered several times with erythema; this I believe to have been the case in this instance although she had no symptom of it in the first confinement.

Woodbury, Essex.

R. T. H. BODILLY.

THE FORCIBLE FEEDING OF THE INSANE.

PERUSAL of the interesting articles by Drs. Neil and Herbert, in the BRITISH MEDICAL JOURNAL of January 27th and March 3rd, would seem to me to give an exaggerated idea of the complexity and gravity of the operation of forcible feeding. The experience of some years leads me to believe that the operation, when conducted with care, is attended with little risk, even in extreme cases, and does not require any complicated apparatus to be carried out. I have the patient seated in a low armchair; one attendant standing behind the chair holds the head and gag; a second attendant, facing the first, grasps the patient's wrists, and holds them firmly down against the lower end of the thigh, at the same time pressing

¹ See BRITISH MEDICAL JOURNAL, February 3rd.

his knees firmly against the patient's to prevent the latter from forcing himself forward out of the chair. The arms of the chair prevent any movement sideways. Having the patient thus under control, I place the gag, giving it to the first attendant to hold, and then pass a long flexible rubber tube, with an ordinary tin funnel at its upper end, through the mouth to the stomach, first having moistened the tube with the food that is to be administered. The operation thus conducted is simple; food is very unlikely to regurgitate along the tube; the patient has not to be "thrown"; it can be carried out very rapidly, and never requires the help of more than three attendants, rarely of more than two. Slight lacerations of the lips do at times occur, but slipping of the gag and bruising of the patient are accidents easily avoided with care and trustworthy assistants. Where several patients have to be fed two or three times a day, the employment of these means will be found to effect a considerable saving of time, with a minimum of risk—a not inconsiderable item in the busy life of an asylum worker.

WILLIAM PENBERTHY,
Assistant Medical Officer, Nottingham Borough Asylum.

WITH regard to the question which has lately been the subject of correspondence in the *BRITISH MEDICAL JOURNAL* by Drs. Neil and Russel, perhaps you will kindly permit me to add a few remarks as the outcome of thirty-four years' experience among the insane, and the performance of the operation in question many thousand times under all the varied phases of insanity.

As I write a notable case recurs to me, in which it fell to my lot to keep a particularly resistful young lady alive by forcible feeding alone for three years and a-half.

When a feeding tube is passed into the œsophagus through the nares, or through the central opening of the ordinary mouth gag, or rather I should say when an attempt is made to pass the tube into the œsophagus in this manner, the operator necessarily loses control in a great measure over the direction the tube may take when it disappears from his sight and from his digital direction through either of these openings. It seems to me, therefore, that a means which will ensure the passage of the tube in the right direction, that is, direct into the œsophagus, without the risk on the one hand of passing it into the larynx, or on the other (when the tube has been passed through the nostrils) of being guided by the patient's tongue back through the mouth instead of into the œsophagus, such a means, I venture to say, is preferable to either of the methods referred to, and such result, I think, is assuredly certain by the procedure I proceed to narrate here.

In a struggling resistful case it is in the first place absolutely necessary in order to avoid accident and insure the patient's safety to secure the patient firmly and thus also prevent all chance of resistance to or interference with the operator. This, I am aware, is sometimes accomplished by means of mechanical chairs or other apparatus, but I prefer properly applied manual control upon the patient whilst in a supine condition with the head slightly raised on a pillow and the particular care of the head entrusted to the most skilful assistant present.

A wooden wedge is easily inserted between the teeth on the side furthest away from the operator. This enables the operator to pass his finger side by side with the tube to the back of the pharynx, and a slight guidance slips the tube with certainty into the œsophagus; the liquid food may then be passed either by means of a funnel or inverted bottle or the stomach pump.

In cases of regurgitation of food the risk of its passing into the larynx must be obviated by the immediate withdrawal of the tube and turning the patient on his side.

In all those years I have never met with an untoward circumstance when pursuing this method. A soft elastic tube about a third of an inch in diameter has been used. No tenderness of the passages even arises when this soft tube is properly applied, and the horrible sloughing of the pharynx of some thirty years ago under the long-continued use of the old stiff tube is now, happily, never witnessed.

Welbeck Street, W.

JAMES ADAM, M.D.

SECOND ATTACKS OF SCARLET FEVER.

[Communicated by the DIRECTOR-GENERAL, R.N.]

SEVERAL examples of the above have recently been reported in the *BRITISH MEDICAL JOURNAL*, though all textbooks state that such are rarely met with, but probably they are more common than is generally believed. During a couple of minor epidemics of usually mild cases occurring among the boys under training in H.M.S. *Impregnable*, at Devonport, in 1892 and 1893, at least two examples of second attacks fell under my notice in a total of about 35 cases.

The first case, H. K., aged 16, was sent to the Royal Naval Hospital suffering from scarlet fever on March 13th, 1892; returned to duty May 13th, 1892. On February 1st, 1893, this same boy was sent to hospital with another attack of the same disease. He returned to duty April 14th, 1893.

In the second case the disease recurred after a very short interval. A. E., aged 16, was sent to hospital on September 16th, 1892, with scarlet fever. He was discharged to duty on October 28th, 1892. Three days later he was again attacked, and was under hospital treatment till December 13th, 1892. There cannot be much doubt as to diagnosis in these cases, as they were seen by the medical staff on board and also in hospital. Whether any of the other cases referred to had had attacks before joining the navy I cannot state.

H. B. BEATTY,
Surgeon, R.N.

REPORTS

ON

MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

WESTERN INFIRMARY, GLASGOW.

(THROAT AND NOSE DEPARTMENT.)

EPITHELIOMA OF THE LEFT VOCAL CORD REMOVED BY
LARYNGOTOMY SEVENTEEN MONTHS AGO.¹

(By WALKER DOWNIE, M.B., Surgeon, Throat and Nose
Department.)

History.—The patient, who first came under my observation in August, 1892, was then 56 years of age. He had complained of huskiness for close on six months, but had given his condition little attention, as he considered it to be the result of a cold, and expected that it would pass away. Latterly he had complained of being readily tired, and as the huskiness had become aggravated, though unaccompanied by pain, he came to the Throat and Nose Department. At that time I was on a holiday, and he was seen by Dr. Rutherford, who found the whole larynx to be deeply injected, with the ventricular bands considerably and equally swollen, as if the result of catarrhal inflammation. He accordingly prescribed a hot sedative inhalation.

At the end of ten days, when I saw him, the general swelling had subsided, and a tumour of the left vocal cord was readily brought into view. It occupied the centre of the cord, and its length was equal to half the full length of the cord. It was irregularly circular in outline, bluish-grey in colour, and the substance of the central half of the cord was incorporated with the new growth. The free portions of the left cord, anterior and posterior to the tumour, were, apart from slight injection, normal in appearance. Looking down on the tumour with the laryngeal mirror in the ordinary position, it appeared about the size and shape of a small horse bean, but on examining it laterally it was seen to be greater in bulk than the view from above led me to infer. This, however, is the rule. The sketch here given of the tumour in this case would serve for several such cases which I have seen, the position, the size, the form, and the colour being almost identical in each. On my strong recommendation he submitted to extirpation of the growth.

Operation.—On September 13th, 1892, I performed tracheotomy, which, on account of the short thick form of his neck, and from the presence of an unusually large median vein, was somewhat difficult; and it was found impossible to

Read at a meeting of the Glasgow and West of Scotland Branch of the British Medical Association on February 6th.

Several Merchant Shipping Act Amendment Bills.

Margarine Act Amendment Bills, by Mr. Horace Plunkett, Mr. Penrose Fitzgerald, Sir Richard Paget, Mr. Smith Barry, Mr. Macartney, and Mr. Barton.

Notice was given also of a large number of local veto and Sunday closing Bills, and of a still larger number of eight hours Bills.

THE LOCAL GOVERNMENT ACT, 1894.

The Local Government Act, 1894 (56 and 57 Vict., ch. 73) has now been issued, and can be purchased from the Queen's printers in London, Edinburgh, Glasgow, or Dublin, or through any bookseller, price 9d. It fills with its 89 sections and 2 schedules 72 pages super-royal octavo. The second schedule contains a list of enactments repealed, in whole or in part. These Acts, are 26 in number, and range in date from the fifty-fourth of George III, C. 91, which was the chief Act amending the Act of Queen Elizabeth with regard to the appointment of overseers of the poor, to the Public Libraries Act of 1892. The whole of 51 George III, cap. 91, is repealed, and the greater part of some of the other earlier Acts, but the parts of the later Acts repealed are often short, and in some cases the repeal only amounts to verbal alterations.

Mr. Cobb, we notice, has already given notice that he intends to apply for leave to bring in a Bill to amend the Act.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

MIDWIFERY.—Dr. W. S. A. Griffith having resigned the University Lectureship in Midwifery, Mr. E. H. Douty, M.A., M.B., of King's College, Senior Demonstrator of Anatomy, has been appointed in his place.

DELEGATES.—Professor Foster has been appointed a delegate of the University to the International Medical Congress at Rome; Dr. B. Anningson and Dr. D. MacAlister have been appointed to represent the University at the International Congress of Hygiene and Demography to be held at Buda-Pesth in September, 1894.

ELECTORS.—Mr. F. Darwin, M.B., has been appointed an Elector to the Professorship of Botany, Professor Ray Lankester an Elector to the Professorship of Zoology and Comparative Anatomy, and the Right Hon. T. H. Huxley an Elector to the Professorship of Physiology.

NATURAL SCIENCE CLUB.—This Club, founded in March, 1872, by the junior students of science in the University, celebrated its 500th meeting by a *conversazione* held in the Physiological and Anatomical Laboratories on March 12th. The senior honorary member (Alex Hill, M.D., Master of Downing) and the President, Mr. J. H. Widdicombe, received the guests at 8.15. The laboratories had been transformed by graceful decorations and electric lamps into a fairy-like succession of beautiful chambers, and "all Cambridge" thronged the rooms and galleries. Dr. Ramon y Cajal demonstrated his preparations illustrating the minute structure of the nervous system; Dr. A. Russell Wallace explained his latest views on zoological geography; Mr. Martin Conway displayed the astonishing series of photographs he had brought from the highest Himalayas; and Professor C. V. Boys showed the latest developments of photography as applied to flying projectiles. Innumerable scientific curiosities crowded the tables of the smaller rooms, and displays of the most recent work in physics, chemistry, bacteriology, physiology, and anthropology were made by their authors. Music and refreshments were not wanting, and when the evening came to an end there was a universal feeling of gratification at the unprecedented success of the gathering and of congratulation to the youthful committee who had organised it so handsomely. Such gatherings serve, among other things, to bring home to the literary section of the university world some notion of the extent and variety of work quietly carried on by the scientific schools. To many of those who are engrossed in the older studies natural science implies little more than repeated appeals for funds. It is well that from time to time they should see for themselves how well the funds are expended.

LINACRE LECTURESHIP.—Dr. Donald MacAlister, Fellow and Tutor of St. John's College, has been appointed Linacre Lecturer of Physic, in succession to Dr. Bradbury.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,356 births and 3,983 deaths were registered during the week ending Saturday, March 10th. The annual rate of mortality in these towns, which had increased from 18.7 to 20.5 per 1,000 in the preceding three weeks, declined again to 19.9 last week. The rates in the several towns ranged from 11.1 in Huddersfield and 14.3 in Norwich to 23.9 in Wolverhampton and 25.1 in Liverpool. In the thirty-two provincial towns the death-rate averaged 19.5 per 1,000, and was 0.9 below the rate recorded in London, which was 20.4 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.3 per 1,000; in London the rate was equal to 2.6 per 1,000, while it averaged 2.2 in the thirty-two provincial towns, and was highest in Wolverhampton, Cardiff, and Birkenhead. Measles caused a death-rate of 5.4 in Birkenhead; scarlet fever of 1.1 in Gateshead; whooping-cough of 1.8 in Cardiff and 2.4 in Plymouth; and "fever" of 1.1 in Burnley. The 82 deaths from diphtheria included 53 in London, 5 in Manchester, 4 in Cardiff, 4 in Liverpool, and 3 in Wolverhampton. Four fatal cases of small-pox were registered in Bradford, 3 in West Ham, 2 in Birmingham, and 1 each in Bristol, Oldham, and Leeds, but not one in London or in any other of the large towns. There were 87 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Satur-

day last, March 10th, against 78, 81, and 84 at the end of the preceding three weeks; 24 new cases were admitted during the week, against 18 and 17 in the preceding two weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital on Saturday last was 2,153, against 2,273, 2,181, and 2,188 at the end of the preceding three weeks; 212 new cases were admitted during the week, against 180 and 239 in the preceding two weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, March 10th, 816 births and 601 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 20.6 and 19.6 per 1,000 in the preceding two weeks, rose again to 21.1 last week, and was 1.2 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 15.9 in Leith to 27.4 in Perth. The zymotic death-rate in these eight towns averaged 2.7 per 1,000, the highest rates being recorded in Paisley and Dundee. The 296 deaths registered in Glasgow included 21 from whooping-cough, 6 from diphtheria, 5 from "fever," and 5 from scarlet fever.

THE VALUE OF ANTIVACCINATIONIST ASSERTIONS.

As a rule medical men pay no heed to the vapourings of antivaccinationists in local newspapers. The average feeling is that foolish people must pay for their folly and that it is a waste of time to contradict the hydra-headed misstatement which constitute the usual case against vaccination. Once in a while, however, some one does take the trouble to nail a fable to the counter, and we observe from the *Stroud Journal* that Dr. Partridge has done so in a thoroughly effective way in the case of a Stroud parson who had been talking at large at an anticomulsory vaccination meeting. The question was as to the truth or untruth of a statement made by Dr. Partridge regarding the non-vaccination of a fatal case of smallpox and the entire withdrawal by the Rev. Allen Redshaw of the assertion which he had publicly made should not be without its use in Stroud in indicating the value to be attached to the sayings even of clerical opponents of the existing law.

SMALL-POX IN FEBRUARY.

DURING the four weeks of February ended March 3rd, there were 64 new attacks of small-pox recorded in London, and 3 deaths registered from the disease. Several outbreaks have been noted round the metropolis. We have already adverted to the numerous cases, with 6 deaths, in the Essex County Lunatic Asylum, Great Warley. Besides this, the town of Romford contributed 6, and the surrounding rural areas 24 attacks, Ilford also having multiple cases. Then West Ham had over 60 cases and 6 deaths, East Ham having 42 attacks to record. In the Midlands Birmingham had 22 deaths registered from small-pox, 1 to each 11 attacks coming to light in the period. Many cases occurred in the outlying districts, Aston Manor having nearly 40. Nottingham had 1 death and 12 cases. Walsall had 27 new cases and Handsworth 17. Stone and West Bromwich also having multiple attacks. Westward, Bristol and adjacent districts had over 60 cases, 3 deaths taking place in the city. Northward, Manchester had 8 attacks and Oldham 50. Halifax had 1 death and Bradford 4, being 8 per cent. of attacks, whilst Leeds and many other towns recorded cases. Still further north small-pox was present in Gateshead, South Shields, Consett, and Leadgate, where 1 death was registered.

FEVER AT ASHTON-IN-MAKERFIELD.

THE repeated prevalence of fever in this town has called for medical inspection by the Local Government Board. Dr. Wheaton now reports that the district, with its 13,000 people, does not seem to contain a single uninhabited house anywhere fit for habitation, whilst overcrowding is much aggravated by the custom of taking lodgers. In 1892 and to October, 1893, there were 93 cases of fever recorded, 48 per cent. being above the age of 15 years, the majority being males. Three districts were the chief centres of fever in each year, 84 per cent. of the cases in 1892 and 82 last year being found in these districts.

Dr. Wheaton discusses at some length the differential points of diagnosis of typhus and typhoid fever, since it had been thought that typhus had been in question. He arrives at the conclusion that whilst a few stray cases of the graver malady may have been in question, the disease was almost entirely of an enteric nature. The circumstances in which the prevalence occurred lend themselves to the view that defective sewers and drains were the chief media of spread, though infection by personal intercourse between sick and healthy appears to have played no small part. It is well that excreta from early cases did not gain access to the water service, since we learn that up to June, 1892, the water was derived entirely from the surface drainage of cultivated land "manured with the contents of the privies and middens of the district." The practice has since been discontinued, and the supply augmented by Liverpool water, but it is not pleasant to be informed that upwards of 10,000 people at one time drank a diluted form of their own commingled excreta. The district appears to require sanitary activity in many other directions.

TYPHOID FEVER IN BARNSELY.

BARNSELY was visited in 1893 by a severe and continued prevalence of typhoid fever, incapable of being traced to any one cause. The cases numbered 234, with 36 deaths, the bulk of the attacks originating in the town, and upwards of half occurring in one locality where almost all the houses are old and crowded. Moreover, the closets, though reconstructed, are mostly of the old type, permitting of storage of filth, often for long periods and too near dwellings. No cases arose in houses having slop waterclosets, and only in two having ordinary waterclosets. Badly kept yards, insufficient flushing, privation following on the coal strike, want of cleanliness, and atmospheric conditions, all seem to have lent their aid in disseminating the fever. But neither water supply nor any particular milk service could be thought of as operative. On the

public buildings, which will shortly be published by the Society for Promoting Christian Knowledge. Everything that he touched he made his own. He was a man of wide culture and extensive learning, not only in medicine, but in all departments of science and art.

In his profession his devotion to work was only equalled by his forgetfulness of self. His opinion was always much valued by his colleagues. During later years, though never posing as a specialist in the modern acceptance of the term, he devoted much time to the study of laryngology, and in this department, as in general medicine, he had made for himself a considerable reputation.

In his private life, to those who really knew him, Dr. Jacob was one of the gentlest and truest of friends. Though equal to most in his humour and vivacity, he fell at times into a somewhat minor key, which led occasionally to a hyper-criticism that masked the real kindness of his nature, but as was said of one of the great physicians of a past century, with whom he had many points in common; "His very sarcasms were the satirical strokes of good nature; they were like flaps of the face given in jest, the effects of which might raise blushes, but no blackness after the blows."

In the moral and social duties of life no man could exceed him, and the community in which he lived is the poorer by one upright and fearless citizen.

Dr. Jacob was married last September, and leaves a widow to mourn his untimely death.

JOHN KELLOCK BARTON, M.D., F.R.C.S.I.,
Senior Surgeon to the Adelaide Hospital, Dublin.

WE regret to announce the death of Dr. John Kellock Barton, of Merrion Square, Dublin, who died at Mentone on Saturday, March 10th, aged 64. He had been for two or three years in ill-health, suffering from a renal affection, and he had sought the benefit of a mild climate for two successive winters. But the disease steadily progressed, and it was known for a few weeks that the end was near.

Dr. Barton was educated at Trinity College, Dublin, and took his degree of B.A. in the respondents class in 1854. He then studied at the medical school and at the Richmond Hospital, and became Fellow of the College of Surgeons in 1859, and M.D.Univ.Dub. in 1861. He was University Anatomist for some years, and Surgeon to the Adelaide Hospital until his death. In 1883 he became President of the Royal College of Surgeons. He was a frequent contributor to the journals, and he published a work upon syphilis.

As a surgeon he held an excellent position and enjoyed considerable practice. In all the relations of life he was a man of unblemished honour, and he justly held the respect and affection of his brethren in the profession.

WE regret to announce the death of Mr. JOSEPH HAYTON INMAN, of Garsdale, Yorkshire, at the age of 60. He became M.R.C.S.Eng. in 1858, and L.S.A. in 1857. His early education was obtained at Glasgow and Edinburgh. He practised as a surgeon in the romantic and peaceful village of Garsdale for thirty years. There he gained for himself a high reputation as a skilful surgeon and an accomplished accoucheur. On February 10th Mr. Inman was summoned to see an important case at Dent. Having seen his patient, he commenced his return journey homewards, travelling over the most dangerous portion of Rise Hill, a route for many years usually taken by him. It is conjectured that he was driven out of his course by gusts and heavy storms which had arisen. He had evidently sunk from exhaustion into a peat bog. After a most vigilant search by bands of earnest seekers his body was recovered some three or four days after death. He will long be remembered by the inhabitants of Garsdale and adjoining districts with much affection and regret. He leaves a widow and two children to mourn his loss.

DR. A. DUNLAP, of Springfield, Ohio, who died recently, was one of the pioneers of abdominal surgery in the United States. He graduated in the Cincinnati Medical College in 1839, and two or three years later, before anæsthetics in the modern sense were heard of, performed ovariectomy with a successful result. On offering a report of the case to the editor of the *Cincinnati Lancet Clinic* (to which we are in-

debted for these facts) the paper was returned to the author with an intimation that the operation had been of so unjustifiable a nature that if the patient had died the operator would have been prosecuted for manslaughter. The result of this editorial "boycott" was that Dr. Dunlap vowed he would never publish the report of another case. In this way the record of an exceptionally ripe surgical experience was lost to medical science. Dr. Dunlap performed more than 400 ovariectomies, but kept his word, and remained a mute but not inglorious surgical Milton to the end.

DR. AUGUSTE OLLIVIER, of Paris, who passed away a few days ago at the age of 61, after a long and painful illness, was born at Sarthe, and took his degree in 1863. He was appointed *agrégé* in 1869, and was successively physician to the Necker and St. Louis Hospitals and to the Enfants Malades. He was elected a member of the Academy of Medicine in 1887. For many years he had a large practice, particularly in the province of diseases of children, but he found time to contribute largely to medical literature. He wrote on the physiology and pathology of the cerebellum, saturnine albuminuria, pemphigus neonatorum (in conjunction with Ranvier, who had been his fellow *interne*), rheumatic encephalopathy, etc. His papers have been republished in a collected form under the titles of "*Études de Pathologie et de Clinique Médicales*" and "*Leçons Cliniques sur les Maladies des Enfants*." In the early part of his career Dr. Ollivier was for a time Librarian to the Faculty of Medicine, and in 1872-73 he did duty for Professor Daremberg as lecturer on the history of medicine. He was an accomplished physician, and an able and thoroughly upright man. His funeral, which took place on March 8th, was very largely attended by his professional brethren; but, in obedience to his express desire, there were none of the customary farewell speeches at the grave.

WE regret to announce the death of Mr. C. NIEL GRIFFITHS, of Cheltenham, which took place under sad circumstances on March 10th. Mr. Griffiths had never been well since September last, and latterly he had fallen into a state of great despondency. He had made arrangements to take a month's holiday, but shot himself the very day he should have started. Mr. Griffiths, who had held posts at several special hospitals in London, practised as a specialist in diseases of the throat, nose, and ear. He was educated at King's College, and became Member of the Royal College of Surgeons in 1874 and a Licentiate of the Edinburgh College of Physicians in the following year.

DR. FRANK J. DAVYS, of Swords, who was the coroner of North Dublin, died on March 11th, in Dublin. He resided in Swords, where he held several appointments, and where he was very popular. He also acted for some years as an examiner in general education at the Royal College of Surgeons in Ireland. He was a Fellow of the latter institution, and a justice of the peace for the co. Dublin.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Victor Revillout, of Paris, for twenty years editor of the *Gazette des Hôpitaux*; M. Paul Bataillard, keeper of the Archives of the Paris Faculty of Medicine, and a man of great erudition; and Dr. Magin Bonet, Professor of Chemical Analysis in the University of Madrid, and a member of the Spanish Royal Academy of Sciences.

PRIZES.—The Spanish Royal Academy of Medicine offers its annual prize for the best essay on the following subject: "Clinical and Therapeutical Study of Chronic Affections of the Intestine." The A. E. G. Cano Prize will be awarded for awarded for the best essay on Infectious Endocarditis. Essays may be written in Spanish, Portuguese, French, Italian, German, or English, and must be sent to the Secretary of the Academy, 22, Montera, Madrid, before September 15th, 1894.

MEDICAL NEWS.

A CHAIR of Bacteriology is to be established at Erlangen. Dr. Hauser, now *Privat-docent* in that University, will, it is stated, be invited to occupy it.

A CONGRESS OF MIDWIVES.—The midwives of Switzerland recently held a congress at Zurich for the purpose of taking steps to found a Swiss Society of Midwives.

THE Italian Government has decided to suppress six small universities—those of Messina, Catania, Modena, Parma, Sassari, and Siena—the academic population of which is from 100 to 400.

THE Semmelweiss Memorial will be unveiled at Budapesth on the occasion of the Congress of Hygiene and Demography to be held there next September. The funds collected for the purpose by international subscriptions amount at the present time to 8,217 florins.

MR. GEORGE OWEN MEAD, L.R.C.P., M.R.C.S., etc., of Mentmore, Newmarket, has been appointed Coroner for the Newmarket and Haverill Division of West Suffolk by the County Council. Mr. Mead is a Captain in the West Suffolk Militia, and the eldest son of Dr. George B. Mead, L.R.C.P., of Newmarket.

POSTAL TRANSMISSION OF SMALL-POX.—Dr. Karkeek, the health officer of Torquay, records in his report for last year the occurrence of two cases of small-pox in which the infection was conveyed by correspondence from a nurse in a small-pox hospital. One of the cases occurred ten years back, and the other last April, the patient falling ill two days after leaving Torquay. His friends had suggested risk from reception of letters written by a hospital nurse engaged in attending small-pox cases, but he had pinned his faith on supposed disinfection of all letters. How far he was mistaken in his supposition was shown by the sequel.

THE MEDICAL DEFENCE UNION IN EAST ANGLIA.—A meeting of the profession, attended by over a hundred medical men, was held on March 6th at the Norfolk and Norwich Hospital, under the presidency of Dr. Beverley. Addresses were given by Mr. Victor Horsley and Dr. Bateman. Subsequently the following resolution was adopted unanimously: "That in the opinion of this meeting a professional organisation for defensive purposes is essential; that the Medical Defence Union meets this want, and the profession in East Anglia are invited to give it their cordial support." Dr. Beverley (President for Norfolk) entertained about 100 members at luncheon before the meeting.

MEDICAL SOCIETY OF LONDON.—The 121st anniversary dinner of this Society took place on March 8th in the Whitehall Rooms of the Hôtel Métropole, with Mr. A. E. Durham, treasurer and past President, in the chair. About 120 Fellows and guests attended, amongst whom were the President of the Royal College of Physicians (Dr. Russell Reynolds), Mr. Jonathan Hutchinson, Dr. S. Wilks, Sir Joseph Fayrer, and Professor Karl von Bardeleben, of the University of Jena. The toast of the evening, "The Medical Society of London," was given by the Chairman, who showed how well the objects which the founders of the Society had in view—namely, the cultivation of medical science and the promotion of good fellowship between the members of the profession, had been advanced by the Society since its earliest days. The toast of "The President" was proposed in highly felicitous terms by Dr. Theodore Williams, who alluded feelingly to Dr. Bristowe's absence on account of ill-health. The whole meeting joined heartily in drinking renewed good health to the retiring President. In reply, a letter from Dr. Bristowe was read by the Chairman, which thanked the company in anticipation for the toast, and stated that the writer's health was now improving. Mr. Bryant proposed the toast of "The President-Elect," Sir W. B. Dalby, who replied in a happy speech. Mr. Howard Marsh proposed "The Visitors," for whom Mr. George Eastes, President of the Harveian Society, and Professor von Bardeleben responded. The latter drank to the alliance between theoretical and practical medicine and surgery. Dr. Douglas Powell pro-

posed "The Retiring Officers and Members of Council;" and Dr. Cullingworth and Dr. Pasteur replied. Finally, Dr. F. T. Roberts proposed "The Chairman," which was drunk with musical honours, to which Mr. Durham responded.

AMERICAN JOTTINGS.—Large meetings of women have recently been held in San Francisco to protest against so-called medical advertising in the daily press.—A Bill now before the Virginia Legislature provides for female physicians for the female patients in each asylum for the insane in that State.—Dr. E. L. Trudeau, of Saranac Lake, has been given 10,000 dollars for the equipment of a laboratory on the experimental study of tuberculosis. He has also at his disposal a fund of 1,500 dollars for the prosecution of the work.—"Gazocution" is the latest achievement of the philanthropic imagination in search of a substitute for hanging and other more or less violent methods of exacting the last penalty of the law. The criminal, having been duly forewarned of the euthanasia in store for him, is ushered into a kind of "lethal chamber," where he is supposed to fall asleep. In this condition he is gently absorbed into the infinite with the help of carbonic acid gas. It is somewhat surprising in these humanitarian days that chloroform, or the charcoal method so dear to sentimental persons in France, has not been proposed as a means of enabling malefactors to make their forced journey *cito, tute et jucunde*.—The Philadelphia Press of December 11th, 1893, contains the following remarkable advertisement: "Wanted a physician to travel with medicine company to lecture, experience not necessary; prefer one who can play the organ; a steady, pleasant, and lucrative position offered. Address ———." We have not yet got that length on this side of the Atlantic, but, as Shakspeare wisely says, "We know what we are, but know not what we may be."—It is reported from Alaska that the Calawash Indians have asked permission to burn an Indian "doctor" at the stake. The "doctor" has been treating a chief's son without success. The nature of the distinguished patient's disease is not stated, medical bulletins being apparently not sanctioned by professional etiquette among the Calawashes. The Indians think the patient will recover and the tribe be released from an evil spirit if the "doctor" is burnt. The prognosis of the case seems to be unsatisfactory—for the practitioner.—Dr. W. O. Roberts recently reported to the St. Louis Clinical Society the case of a man from whose thigh he removed a bullet which had been imbedded in the limb for thirty-two years. The man, whose age is 55, was struck by a shot just above the knee at the battle of Shiloh; the wound was probed soon after the battle to a depth of 6 or 8 inches in an upward direction, but no bullet was found. He was in hospital for six months before the sinus closed. He then went back to duty, but becoming lame was again sent to hospital, where again free incision failed to discover the bullet. After this he had no further trouble till he came under the care of Dr. Roberts, who found a tumour about the size of a guinea-fowl's egg just at the outer side of the right inner hamstrings. This was cut down upon, and proved to enclose the bullet, which was covered on one side with a phosphatic deposit.

MEDICAL VACANCIES.

The following vacancies are announced:

BETHLEM HOSPITAL, Lambeth Road, S.E.—Two Resident Clinical Assistants. Applications and testimonials, endorsed "Clinical Assistantship," to the Treasurer, Bethlem Hospital, Lambeth Road, S.E., by March 31st.

BIRMINGHAM GENERAL DISPENSARY, Birmingham.—Resident Surgeon. Salary, £150 per annum, with an allowance for cab hire, and furnished rooms, fire, lights, and attendance. Applications and testimonials to Alex. Forrest, Secretary, by April 11th.

BOLTON INFIRMARY AND DISPENSARY.—Junior House-Surgeon; age not to exceed 25. Salary, £80 per annum, with furnished apartments, board, and attendance. Applications and testimonials to Peter Kevan, Honorary Secretary 12, Acresfield, Bolton, by March 20th.

BOOTLE BOROUGH HOSPITAL.—House-Surgeon. Salary, £80 per annum, with board, washing, etc. Applications and testimonials to W. B. Brooker, Clerk, by March 20th.

CARNARVONSHIRE AND ANGLESEY INFIRMARY, Bangor.—House-Surgeon. A knowledge of the Welsh language is desirable. Salary, £70 per annum, with board and lodging in the house. Applications and testimonials to the Secretary by April 7th.

COUNTY CARLOW INFIRMARY.—Surgeon. Salary, £94 per annum. Applications to the Secretary to the Governors by March 20th. Election on April 3rd.

COUNTY OF NORTHUMBERLAND.—Medical Officer of Health. Salary, £500 per annum, with travelling expenses. Appointment for three years. Applications and testimonials, endorsed "Medical Officer," to C. D. Forster, Clerk to the Council, by March 24th.

DARENTH SCHOOLS FOR IMBECILES, near Dartford, Kent.—Assistant Medical Officer. Salary, £160 per annum, rising £20 annually to £200, with board, furnished apartments, attendance, and washing. Will be subject to annual re-election after the completion of his third year of office. Applications and testimonials to T. Duncombe Mann, Clerk to the Metropolitan Asylums Board, Norfolk House, Norfolk Street, Strand, W.C., by March 20th.

DEVONSHIRE HOSPITAL, Buxton, Derbyshire.—Assistant House-Surgeon. Salary, £50 per annum, with furnished apartments, board, and washing. Applications and testimonials to Joseph Taylor, Secretary, by March 19th.

DOWNPATRICK UNION, Clough Dispensary.—Medical Officer. Salary, £120 per annum, £20 as Medical Officer of Health, with registration and vaccination fees. Applications to John M. Perry, J.P., Honorary Secretary, Perrymount, Clough. Election on March 22nd.

EAST LONDON HOSPITAL FOR CHILDREN, Glamis Road, Shadwell, E.—House-Physician. No salary, but board, lodging, and washing are provided. Applications and testimonials to Thomas Hayes, Secretary, by April 4th.

GENERAL HOSPITAL, Birmingham.—Two Assistant House-Surgeons. Appointments for six months, and may be held by re-election for a further period of three or six months, but no longer. No salary attached to the posts, but residence, board, and washing will be provided. Applications and testimonials to Howard J. Collins, House-Governor.

GUEST HOSPITAL, Dudley.—Assistant House-Surgeon. Appointment for six months. No salary, but board, lodging, and washing in the hospital. Applications and testimonials to E. Poole, Secretary, by March 28th.

HACKNEY UNION.—Dentist. Salary, £100 per annum. Applications and testimonials to J. Owen-Perry, Clerk to the Guardians, by March 21st.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury, W.C.—House-Surgeon to Out-patients (non-resident). Appointment for six months, but the holder will be eligible for a second term of Office. Salary, 25 guineas. Applications and testimonials to Adrian Hope, Secretary, by March 20th.

INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST AND THROAT, 26, Margaret Street, Cavendish Square, W.—Honorary Visiting Physician; must reside within one mile of the Institution. Particulars of qualifications to be obtained at the Infirmary.

JOINT COUNTIES LUNATIC ASYLUM, Carmarthen.—Medical Superintendent. Salary, £500 per annum, with unfurnished house, garden produce, fire, light, and washing. Applications and testimonials to be forwarded to W. Morgan Griffiths, Solicitor, Carmarthen, by March 24th.

LONDON HOSPITAL, Whitechapel Road, E.—Assistant Physician; must be M.R.C.P.Lond. Applications and testimonials to G. Q. Roberts, House-Governor, by March 17th.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—House-Physician, House-Surgeon, and Assistant House-Surgeon. Appointments tenable for six months. The House-Physician and House-Surgeon will receive a salary of £60 per annum. Applications and testimonials to Charles H. Byers, Secretary, by March 26th.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (Albany Memorial), Queen Square, Bloomsbury.—House-Physician. The present Junior House-Physician is a candidate, and applicants should state whether they are prepared to accept either appointment. The salary of the Senior House-Physician is £100 and of the Junior £50 per annum, with board and apartments. Applications and testimonials to B. Burford Rawlings, Secretary, by March 31st.

NEW HOSPITAL FOR WOMEN, Euston Road, N.W.—Female Assistant Anaesthetist. Applications and testimonials to Margaret M. Bagster, Secretary, by March 28th.

NORFOLK COUNTY ASYLUM, Thorpe, Norwich.—Junior Assistant Medical Officer. Salary, £110 per annum, increasing £10 annually to £150, with board, lodging, and washing. Applications and testimonials to Dr. Thomson, Medical Superintendent by March 20th.

OWENS COLLEGE, Manchester.—Professor of Zoology. Applications to the Council of the College, under cover to the Registrar, by April 3rd.

ROYAL COLLEGE OF PHYSICIANS.—Milroy Lecturer. Applications to Edward Liveing, M.D., Registrar, by April 9th.

TAUNTON AND SOMERSET HOSPITAL.—Assistant House-Surgeon. Appointment for six months. No salary, but board, washing, and lodging in the Institution. Applications and testimonials to the House-Surgeon by March 24th.

TORBAY HOSPITAL, Torquay.—Honorary Ophthalmic Surgeon. Applications and testimonials to the Honorary Secretary by March 17th.

UNIVERSITY COLLEGE, Bristol.—Medical Tutor. Salary, £125 per annum. Applications and testimonials to E. Markham Skerritt, Dean, by April 4th.

WEST-END HOSPITAL FOR NERVOUS DISEASES, Etc., 73, Welbeck Street, W.—Anaesthetist. Appointment for twelve months. Candidate eligible for re-election. Applications to H. Ansell, Secretary.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician and House-Surgeon. Appointments tenable for six months. Board

and lodging provided. Applications and testimonials to R. J. Gilbert, Secretary-Superintendent, by March 30th.

YORKSHIRE COLLEGE, Leeds.—Professor of Pathology. Particulars from the Secretary of the College.

MEDICAL APPOINTMENTS.

BANNATYNE, Gilbert A., M.D.Glasg., M.R.C.P.Edin., appointed Honorary Physician to the Royal Mineral Water Hospital, Bath, *vice* Dr. Spender, resigned.

COLLIER, Hubert, M.D.Brux., L.R.C.P.Lond., M.R.C.S.Eng., L.S.A.Lond., appointed Medical Officer to the Great Yarmouth Workhouse, *vice* J. C. Smith, resigned.

DOUTY, Edward H., M.A., M.B., appointed Lecturer on Midwifery in the University of Cambridge, *vice* Dr. W. S. A. Griffith, resigned.

FARR, E. A., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer of the First District of the Andover Union.

LAKE, Wellington, D.P.H.Camb., M.R.C.S.Eng., appointed Medical Officer to the Guildford, Godalming, and Woking Joint Board Isolation Hospital.

LUMLEY, C. Armstrong, M.R.C.S.Eng., L.R.C.P.Lond., appointed District Surgeon to Kentani, in the Transkei Cape Colony.

MONTIZAMBERT, F., M.D., appointed General Superintendent of the Canadian Quarantine Service.

MOORE, E. Coleman, M.B., C.M.Edin., etc., appointed Surgeon to the Edinburgh Ear and Throat Dispensary.

RORIE, David, M.B.Edin., C.M., appointed Surgeon to the Denend and Dundonald Collieries, Cardenden, Fife.

RYAN, John, M.D., appointed Medical Officer of the Broadford, Bridge-town, and Clontara Dispensary Districts.

SYMONDS, C. P., M.R.C.S.Eng., L.S.A., appointed Medical Officer to the Lathom Local Board.

WESTMACOTT, F. H., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Manchester Royal Infirmary Convalescent Hospital at Cheadle, *vice* J. E. Platt, F.R.C.S., resigned.

DIARY FOR NEXT WEEK.

MONDAY.

SOCIETY OF MEDICAL OFFICERS OF HEALTH, 20, Hanover Square, W., 8 P.M.—Discussion on Death Certification and Registration, in which Dr. F. W. Lowndes (Liverpool), Dr. E. Hill (Durham), Dr. Farquharson, M.P., Mr. Noel Humphreys, Dr. A. Newsholme, and others will take part.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. F. J. Wethered: The Diagnosis of Diphtheria by Bacteriological Cultures. Dr. C. H. Ralfe: Milk Diet in Albuminuria.

TUESDAY.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. J. Hutchinson, jun.: Deformity of Shoulder Girdle. Mr. Cecil Beadles: Histological Changes in the Breast associated with Carcinoma. Dr. W. W. Ord and Mr. Shattock: Left Hemisphere from a case of Aphasia. Mr. Charters Symonds: Epithelioma of Bladder involving the Entire Urethra. Mr. L. Bidwell and Dr. Abraham: Sections of Skin formed after Thiersch's Grafts. Dr. Rolleston: Glandular Inflammations causing Stenosis of the Bronchi.

WEDNESDAY.

NATIONAL HEALTH SOCIETY, 53, Berners Street, W., 4 P.M.—Mr. Ernest Hart: Afternoon Tea, After Dinner Coffee, and Morning Chocolate.

EPIDEMIOLOGICAL SOCIETY OF LONDON, 11, Chandos Street, W., 8 P.M.—Dr. S. W. Wheaton: On Certain Affections of the Mucous Surfaces and their Relation to Diphtheria.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, 8 P.M.

POST-GRADUATE COURSE, West London Hospital, Hammersmith, W., 5 P.M.—Mr. Bidwell: Lupus.

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, 8 P.M.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office order or stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.

BIRTHS.

HILLSTEAD.—On March 12th, at 71, Upper Richmond Road, Putney, S.W., the wife of Herbert J. Hillstead, of a son.

JOHNSON.—On March 4th, at 20, Weymouth Street, W., the wife of Raymond Johnson, M.B., F.R.C.S., of a daughter.

MYDDELTON-GAVEY.—On March 13th, at Lingwood, Weybridge, the wife of E. H. Myddelton-Gavey, M.R.C.S.Eng., of 94, Wimpole Street, W., of a daughter.

DEATHS.

BURNS.—On March 10th, at Borstal Villas, Rochester, John James Douglas Burns, R.N., M.D., M.R.C.P., J.P., aged 78.

DAVIES.—On Friday, March 9th, at Aberceri, Newcastle Emlyn, South Wales, David Davies, J.P., M.R.C.S., aged 72, late Medical Officer of Health for the City and Port of Bristol.

GRIFFITHS.—On March 10th, at 2, Hatherley Villas, Cheltenham, Cecil Neil Griffiths, M.R.C.S.Eng., L.R.C.P.Edin., Associate King's College, London, fourth son of the late Rev. Henry Griffiths, of Elm Lodge, Cheltenham, in his 42nd year.